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CONFIRMATION NO. 1858

<b>SERIAL NUMBER</b> 10/775,169	<b>FILING OR 371(c) DATE</b> 02/11/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1636	<b>ATTORNEY DOCKET NO.</b> WYE-024
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**APPLICANTS**  
 Michael E. Burczynski, Swampscott, MA; ✓  
 Natalie C. Twine, Goffstown, NH; ✓  
 Andrew J. Dorner, Lexington, MA; ✓  
 William L. Trepicchio, Andover, MA; ✓

**\*\* CONTINUING DATA \*\*\*\*\***  
*OK*  
 This appln claims benefit of 60/446,133 02/11/2003 and claims benefit of 60/459,782 04/03/2003  
*WAF* and claims benefit of 60/538,246 01/23/2004

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*none*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
 \*\* 06/01/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance				
Verified and Acknowledged Examiner's Signature <i>WAF</i> Initials <i>WAF</i>				

**ADDRESS**  
54623

**TITLE**  
Methods for monitoring drug activities in vivo

<b>FILING FEE RECEIVED</b> 942	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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